

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 27 PM 3:50

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000054858

1. Limited Liability Company's Name

MTOV ONE, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1948 Harrison Street Suite, Apt. #, etc. SUITE 101 City & State Hollywood, FL Zip 33020		3. Mailing Office Address 1948 Harrison Street Suite, Apt. #, etc. SUITE 101 City & State Hollywood, FL Zip 33020	
Country USA	Country USA	Country USA	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 06/02/2005	
6. FEI Number 26-2202761	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name FRANK DIAZ	
Street Address (P.O. Box Number is Not Acceptable) 3400 CORAL WAY	
Suite, Apt. #, Etc. SUITE 600	
City MIAMI	State FL
Zip Code 33145-3070	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 03/18/08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HAIM MALKA	1948 Harrison Street SUITE 101	HOLLYWOOD, FL 33020
S	JONATHAN B DARDASHTI	1948 Harrison Street SUITE 101	HOLLYWOOD, FL 33020
REINSTATEMENT 2006-08			900120859259 03/20/08--01050--007 ***16.25

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Haim Malka Date 03/18/08 Daytime Phone # (786) 486-9075
Typed or printed name of signing Managing Member/Manager _____